

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

892

**1. PLACE OF DEATH**

46 County Howell  
Township Howell  
City South Fork Mo

Registration District No. 384  
Primary Registration District No. 55-35-

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX ma 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 1-1869  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
62 9 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Any Mo

13. NAME D. W. Black

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Any Mo

15. MAIDEN NAME E. Jane Hunter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) c 31

17. INFORMANT Mrs. Geneva Crotchen  
(ADDRESS) A. C. Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Maundy DATE 1/5- 1932

19. UNDERTAKER (ADDRESS) McFarland's  
West Plains, Mo

20. FILED 1-5- 1932 O. C. Hennick  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/2 - 1932

22. I HEREBY CERTIFY, That I attended deceased from 1-1- 1932, to 1-2- 1932

I last saw him alive on 1-1- 1932 Death is said

to have occurred on the date stated above, at 7:30 a. m.

The principal cause of death and related causes of importance were as follows:

Coronary artery disease -  
occlusion

9413 9413  
Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) E. Claude Bohner, M. D.

(Address) West Plains, Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FEB 24 1932

1932-1-2  
62-4-1  

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1869-9-1